

HOME SCHOOL

Discontinue /Pupil Withdrawal Form

According to ARS 15-802, when you discontinue home schooling you are required to notify your county school superintendent.

Please withdraw _____ as a registered home schooler
(Student's name)
as of _____.
(Effective date)

Student's date of birth _____ Address _____
City _____ Zip Code _____ Telephone _____

Parent/Custodian name (Print) _____

Under penalty of law, I attest the information provided on this form is true to the best of my knowledge.

PARENT/CUSTODIAN SIGNATURE _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ YEAR OF _____

NOTARY PUBLIC SIGNATURE _____

NOTARY SEAL

Mail the original withdrawal form to:

Dr. Sandra E. Dowling, Superintendent
Home School Services
301 West Jefferson, Suite 660
Phoenix, Arizona 85003